

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, Theresa Thibodeau, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Theresa Thibodeau

Authorized committee:

Nebraskans for Theresa

Agency requesting time (and contact information):

☒

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Candidate for Governor of nebraska

Date of election:

May 10, 2022

☐

General

☒

Primary

Treasurer of candidate's authorized committee:

Aimee Melton

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

☐

the candidate listed above who is a legally qualified candidate, or

☒

the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency

Station Representative

Signature:

Theresa Thibodeau

Signature:

[Handwritten Signature]

Name:

Theresa Thibodeau

Name:

Henry Carlini

Date of Request to Purchase Ad Time: 04/21/2022

Date of Station Agreement to Sell Time: 4-21-2022

Federal Candidate Certification:

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

Candidate/Authorized Committee/Agency

Signature:

Name:

Date:

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☒ Yes ☐ NoDate ad received: 4-21-2022Federal candidate certification signed (above): ☐ Yes ☐ No ☐ N/A

Disposition:

☒ Accepted☐ Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*☐ Rejected – provide reason (optional):

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #: 892014723Station Call Letters: KNAQDate Received/Requested: 4-21-2022

Est. #:

Station Location: NORTH PLATTE, NE.Run Start and End Dates: 4-25-2022 thru 5-1-2022

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

Sales Order

Station: KNPQ-FM Buyer: _____
 Contract Name: 0421lvcTheresa Tax Schedule: _____ (None)
 Contract#: 892014723 Agency Commission %: 0
 Start Date: 4/25/22 End Date: 4/29/22 Billing Cycle: Calendar
 Revenue Type: Political Direct Type: Cash Salesperson: 5312lcar Comm %: 0
 Advertiser: THERESA FOR GOVERNOR Makegood Policy: Within Contract Dates
 Address: Attn: Accounts Payable
15418 Weir Street, 274
 City: Omaha State: NE Zip: 68137
 Phone: (402) 218-9659
 Product Name: Primary Election Ads
 Competitive Code: Political Candidate

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	4/25/22	4/29/22		12:00 AM	12:00 PM	30	8	8	7	7	5			35	D	5.00	35	175.00	5	

Billing Projections: By Month

	Apr 22	May 22
CA	175.00	0.00
ST	0.00	175.00

☒ Print Spot Prices

TOTAL SPOTS 35
 GROSS TOTAL \$ 175.00
 ADJUSTED SPOTS 35
 ADJUSTED TOTAL \$ 175.00

APPROVE DECLINE

☐ ☐ General Manager
☐ ☐ Sales Manager
☐ ☐ National Sales Manager
☒ ☐ 5156cnel, 04/21/22 @3:05PM